

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589095

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		(1)		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18		(1)		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		(1)		1		
26		(1)		1		
27		(1)		1		
28		(1)		1		
29		(1)		1		
30		(1)		1		
31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)		1		
35		1		1		
36		1		1		
37	1					
38		1		1		
39		(1)		1		
40						
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52	1					
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97						
98						
99						
100						
TOTAL IND.	14	↓	1	↓		↓
TOTAL DEP.	43	←	31	←		←
TOTAL CLAIMS	57		32			